



FIRST AID & MEDICINE POLICY

DUNCOMBE PRIMARY SCHOOL

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Reviewed Annually

Next review due: March 2018

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FIRST AID AND MEDICINES POLICY

REVIEW PROCEDURES

The First Aid and Medicines Policy for Duncombe Primary School is to be reviewed annually by the Headteacher.

The next review of the Policy Document will be: March 2018.

AMENDMENTS

The Policy Document has been amended in light of updated guidance on supporting pupils with medical conditions, drafted by the Department of Education for maintained schools and proprietors of academies in England. It is the responsibility of the Head Teacher to ensure that the complete amendment is incorporated into all copies of the document and recorded accordingly on the Amendment Sheet. Copies of pages made redundant by the amendment are to be disposed of immediately and not to be retained for any reason.

| amdt No | Date of Issue | Incorporation Details | | |
|------------|------------------|-----------------------|-----------|------|
| | | Name | Signature | Date |
| 1 | | | | |
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FIRST AID AND MEDICINES POLICY

DISTRIBUTION OF COPIES

Master Copy Head teacher

Copy One SEN coordinator, to show to relevant Healthcare professionals

Copy Two All First Aiders

Copy Three Staff Room – all staff

The Policy Document will be accessible to parents if requested or deemed necessary

STATEMENT OF INTENT

The Governors and Head Teacher of Duncombe Primary School believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the School is appropriately insured and that staff are aware that they are insured to support pupils in this way.

In the event of illness, a staff member will accompany the pupil to the school office/medical room. In order to manage their medical condition effectively, the School will not prevent pupils from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant and staff should be aware of.

Name: _____ **Signature:** _____ **Date:** _____

Headteacher

ORGANIZATION

1.0 The Local Authority (LA) is responsible for:

- 1.1 Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- 1.2 Providing support, advice and guidance to schools and their staff.
- 1.3 Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

2.0 The Governing Body is responsible for:

- 2.1 The overall implementation of this First Aid & Medicines Policy and procedures in Duncombe Primary School.
- 2.2 Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- 2.3 Ensuring that relevant training provided by the LA (through Richard Cloudesley) is delivered to staff members who take on responsibility to support children with medical conditions.
- 2.4 Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- 2.5 Ensuring the level of insurance in place reflects the level of risk.
- 2.6 Handling any complaints regarding this policy as outlined in the school's Complaints Policy.

3.0 The Head teacher is responsible for:

- 3.1 The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Duncombe Primary School.
- 3.2 Ensuring the policy is developed effectively with partner agencies.
- 3.3 Making staff aware of this policy.
- 3.4 Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver Individual Healthcare Plans (IHCPs) in

normal, contingency and emergency situations.

3.5 Ensuring that written records are kept of any and all medicines administered to individual pupils.

4.0 The SEN coordinator is responsible for:

4.1 Liaising with healthcare professionals regarding the training staff need.

4.2 Making staff who need to know aware of a child's medical condition.

4.3 Developing Individual Healthcare Plans (IHPs).

4.4 Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.

5.0 Staff members are responsible for:

5.1 Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.

5.2 Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

6.0 Parents and carers are responsible for:

6.1 Keeping the school informed about any changes to their child/children's health.

6.2 Completing a parental agreement for school to administer medicine form before bringing medication into school.

6.3 Providing the school with the medication their child requires and keeping it up to date.

6.4 Collecting any leftover medicine at the end of the course or year.

6.5 Discussing medications with their child/children prior to requesting that a staff member administers the medication.

6.6 Where necessary, developing an Individual Healthcare Plan (IHP) for their child in collaboration with the Head teacher, other staff members and healthcare professionals.

ARRANGEMENTS

The SEN department

The SEN coordinator will have the lead role in ensuring that pupils with medical conditions are identified and properly supported in school, including supporting staff on implementing a pupil's Healthcare Plan. The SEN coordinator will work with the Head Teacher to determine the training needs of school staff. Suitable cover will be provided in her absence.

The First Aid Team

The members of staff in the school who trained in First Aid at Work are:

- Hayley Eaton
- Roberta Lavelle
- Charmaine Thompson

First Aid Team

(See section 'Administering Medicines in School')

First Aid Boxes

The first aid posts are located in:

- The School Office
- Early Years
- Early Years Corridor

Medication

Pupils' medication is stored in:

- Clear plastic containers, easily accessible in the main School Office

First Aid

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- The first aider administers first aid and records details in our treatment book.
- If the child has had a bump on the head, parents are immediately contacted and child's class teacher is given a "bump on the head" note to give to parents at the end of the day.
- Full details of the accident are recorded in our accident book.

- If the child has to be taken to hospital or the injury is `work' related then the accident is reported to the Governing Body.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then as the employer the Governing Body will arrange for this to be done.

School Insurance Arrangements

London Borough of Islington – Zurich Municipal Insurance Co. – QLA-01E218-0263

School Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

Administering Medicines in School

Prescribed medicines may be administered in school (by any of the first aid team) where it is deemed essential –**i.e. life-threatening**. Most prescribed medicines are prescribed to be taken 3 times a day can therefore be taken outside of normal school hours (before school, after school and in the evening). Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, we would expect parents to come into school to administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office.

Staff will ensure that records are kept of any medication given.

Non-prescribed medicines may not be taken in school.

Storage/Disposal of Medicines

Medicines must be stored in the school office. The exception to this rule is inhalers, which must be clearly labeled with the pupil's name and kept where they can be easily reached when needed.

It is the responsibility of the parents to collect unused medicines from the school and dispose of them safely.

Asthma inhalers will be held by the school for emergency use, as per the Department of Health's protocol.

Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

Defibrillators

A defibrillator is available within the school as part of the first aid equipment. First aiders and a selection of other staff are trained in its use.

The local NHS ambulance service have been notified of its location.

Pupils with Special Medical Needs – Individual Healthcare Plans

Medical conditions

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

Epileptic

Asthmatic

Have severe allergies, which may result in anaphylactic shock

Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

Procedure when the school is notified of a medical condition

The procedure that will be followed when Duncombe Primary School is first notified of a pupil's medical condition is:

- An individual Health Care Plan will be written in partnership with the parent and any relevant Health Care Professionals.
- The plan will be shared with relevant members of staff and reviewed annually or as appropriate if there are significant changes.

- The plan will include details about the child's condition, treatment, symptoms and warning signs

An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk.

This will be in place in time for the start of the relevant school term for a new pupil starting at the school or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to Duncombe Primary School mid-term.

Parents/Pupils/School role

Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The SEN coordinator or a healthcare professional may also provide additional background information and practical training for school staff.

The School appreciates that pupils with the same medical condition do not necessarily require the same treatment.

The School will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life.

However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

Educational visits

Duncombe Primary School will consider what reasonable adjustments it might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

Administering medicines, Storage of medicines, Accidents/Illnesses requiring hospital treatment

The procedure for these will be the same as that stated in earlier sections on these topics.

Appendix 1 – Key Contacts in Islington

| Condition / concern | Organisation | Contact |
|---------------------------|--|---|
| HIV / AIDS | Body and Soul | Emily Kerr-Muir <emily@bodyandsoulcharity.org> |
| Asthma | Whittington Hospital | Colette Datt, Allergy / Asthma Nurse colette.datt@nhs.net Nickola (Nikki) Rickard, Asthma Nurse for Schools nickola.rickard@nhs.net |
| Healthy Weight | MoreLife | Lucy Dayus Lucy.Dayus@more-life.co.uk |
| Healthy Weight | My Team (Health and Wellbeing Team) | Marjon Willers: Specialist Dietitian for Schools and Children's Centres Marjon.willers@nhs.net |
| Mental Health | CAMHS | Anna Picciotto, CAMHS Lead for Schools (a.picciotto@nhs.net) |
| Immunisations | Whittington Health | Christine Ogundele (christine.ogundele@nhs.net) Immunisations Specialist Nurse |
| Female Genital Mutilation | LBI | Heather Vacciana, Anti Bullying Co-or & DV Preven. Officer. Heather.vacciana@islington.gov.uk |
| Diabetes | Whittington Hospital | Roma Romano-Morgan, lead paediatric diabetes specialist nurse roma.romano-morgan@nhs.net |
| Allergies | Whittington Hospital | Dee Brown, Clinical Nurse Specialist Paediatric Allergy & Asthma dee.brown3@nhs.net |
| Constipation | Darent Valley Hospital, Dartford & Gravesham NHS | Sandra Hanson – specialist nurse for childhood constipation sandra.hanson1@nhs.net / sandra.hanson@dvh.nhs.uk |
| Smoking | Smoke Free Islington, Whittington Health | Marina Chrysou (m.chrysou@nhs.net) or Nicola Brooms (nicola.brooms@nhs.net) |

Appendix 2

Forms

| | |
|-----------------|---|
| Form 1: | Contacting Emergency Services |
| Form 2: | Health Care Plan |
| Form 3: | Parental agreement for school to administer medicine |
| Form 4: | Record of regular medicine administered to an individual child |
| Form 5: | Indication for administration of medication during epileptic seizures |
| Form 5A: | Epileptic seizure chart |
| Form 6: | Emergency instruction for an allergic reaction - EpiPen® |
| Form 7: | Medication given in school (note to parent/carer) |
| Form 8: | Record of staff training |

FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

2. Give your location as follows (*insert school address*)

3. State that the postcode is:

4. Give exact location in the school (*insert brief description*)

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

FORM 2

Health Care Plan

Health Care Plan

| | |
|---|--|
| School | |
| Pupil Name & Address | |
| Date of Birth | |
| Class | |
| Medical Diagnosis | |
| Triggers | |
| Who Needs To Know About Pupils Condition & What constitutes and Emergency | |
| Action to Be Taken in Emergency and by whom | |
| Follow Up Care | |
| Family Contacts Names Telephone Numbers | |
| Clinic/Hospital Contacts Name Number | |
| GP Name | |

| | |
|---|--|
| Number | |
| Description of medical needs and signs and symptoms | |
| Daily Care Requirements | |
| Who is Responsible for Daily Care | |
| Transport Arrangements <i>If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i> | |
| School Trip Support/Activities Outside School Hours (e.g. risk assessments, who is responsible in an emergency) | |
| Form Distributed To | |

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from School. *If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles*

FORM 3

Parental agreement for Duncombe Primary School to administer medicine

For one course of medicine or a maximum of a fortnight

(one form to be completed for each medicine)

The school will not give your child medicine unless you complete and sign this form.

Name of child _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine
(as described on the container) _____

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects or allergies that the
School should know about? _____

I confirm that my child is not allergic to the
Medicine prescribed. Signed _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

I understand that I must deliver the medicine safely to school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature

Print Name

Date

FORM 4

If more than one medicine is to be given a separate form should be completed for each one.

Record of regular medicine administered to an individual child

Name of school _____

Name of child _____

Date of medicine provided by parent ____/____/____

Group/class/form _____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____

| | | | |
|-------------------------|-------------|-------------|-------------|
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | _____ | _____ | _____ |
| Dose given | _____ | _____ | _____ |
| Name of member of staff | _____ | _____ | _____ |
| Staff initials | _____ | _____ | _____ |
| Observations/comments | _____ | _____ | _____ |
| | | | |
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | _____ | _____ | _____ |
| Dose given | _____ | _____ | _____ |
| Name of member of staff | _____ | _____ | _____ |
| Staff initials | _____ | _____ | _____ |
| Observations/comments | _____ | _____ | _____ |
| | | | |
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | _____ | _____ | _____ |
| Dose given | _____ | _____ | _____ |
| Name of member of staff | _____ | _____ | _____ |
| Staff initials | _____ | _____ | _____ |
| Observations/comments | _____ | _____ | _____ |
| | | | |
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | _____ | _____ | _____ |
| Dose given | _____ | _____ | _____ |
| Name of member of staff | _____ | _____ | _____ |
| Staff initials | _____ | _____ | _____ |

| | | | |
|-----------------------|-------|-------|-------|
| Observations/comments | _____ | _____ | _____ |
| | | | |

Form 4 (continued)

Name of child _____

Name and strength of medicine _____

Dose and time medicine to be given _____

| | | | |
|-------------------------|-------------|-------------|-------------|
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | _____ | _____ | _____ |
| Dose given | _____ | _____ | _____ |
| Name of member of staff | _____ | _____ | _____ |
| Staff initials | _____ | _____ | _____ |
| Observations/comments | _____ | _____ | _____ |
| | | | |
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | _____ | _____ | _____ |
| Dose given | _____ | _____ | _____ |
| Name of member of staff | _____ | _____ | _____ |
| Staff initials | _____ | _____ | _____ |
| Observations/comments | _____ | _____ | _____ |
| | | | |
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | _____ | _____ | _____ |
| Dose given | _____ | _____ | _____ |
| Name of member of staff | _____ | _____ | _____ |

| | | | |
|-------------------------|-------------|-------------|-------------|
| Staff initials | _____ | _____ | _____ |
| Observations/comments | _____ | _____ | _____ |
| | | | |
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | _____ | _____ | _____ |
| Dose given | _____ | _____ | _____ |
| Name of member of staff | _____ | _____ | _____ |
| Staff initials | _____ | _____ | _____ |
| Observations/comments | _____ | _____ | _____ |
| | | | |
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | _____ | _____ | _____ |
| Dose given | _____ | _____ | _____ |
| Name of member of staff | _____ | _____ | _____ |
| Staff initials | _____ | _____ | _____ |
| Observations/comments | _____ | _____ | _____ |
| | | | |
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | _____ | _____ | _____ |
| Dose given | _____ | _____ | _____ |
| Name of member of staff | _____ | _____ | _____ |
| Staff initials | _____ | _____ | _____ |
| Observations/comments | _____ | _____ | _____ |

FORM 5

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This criterion is agreed with parents consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

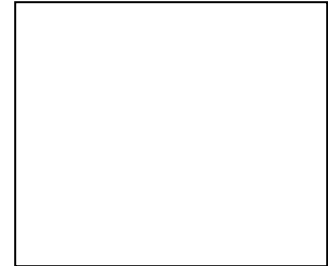
This information will not be locked away to ensure quick and easy access should it be required.

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



ASSESS THE SITUATION

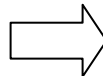
Send someone to get the emergency kit, which is kept in:

The school office above the staff pigeon holes

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY
MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS**

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



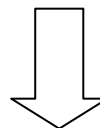
ACTION

- Give _____
(Antihistamine) immediately

- Monitor child until you are happy he/she has returned to normal.

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get _____ EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an **'ANAPHYLACTIC REACTION'**
2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Head teacher: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Pediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

| Date | Time | Given by (print name) | Observation/evaluation of care | Signed/date/time |
|-------------|-------------|--------------------------------------|---|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Check expiry date of EpiPen® every few months

FORM 7

Medication given in School (note to parent/carer)

Name of school _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864
Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029
Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)
Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)
Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900
Website: www.ncb.org.uk/cdc

Contact a Family

Helpline: 0808 808 3555
Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)
Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)
Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288
Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850
Website: www.dh.gov.uk

Equality & Human Rights Commission (EHRC)

EHRC helpline: 0808 800 0082
Textphone: 0808 800 0084
Fax: 08457 778878
Website: www.equalityhumanrights.com
Or www.equalityadvisoryservice.com if you need support and advice

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/